

2007 Annual Hospital Staffing Report

Hospital Name: Butler Hospital

Number of Licensed Beds: 117

Number of Staffed Beds: 117

Number of Units in Report: 6

Time Period Reflected in Report:

From: 10/1/2006

TO: 10/1/2007

Name of Person Completing Report: Mary Brinson

Title of Person Completing Report: Associate Vice-President, Quality and Planning

CEO Signature:

Date:

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Patient Care Unit Name: Delmonico 1A		Specialty Service (i.e., orthopedics, oncology): Substance Abuse Unit		# of Telemetry Beds:
Type of Unit: (Check all that apply)			Age Group: (Check all that apply)	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input checked="" type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Newborn	
Number of patients upon which staffing plan is based (Average Daily Census):				18
Emergency Department = Average number of visits per day (Total Visits/365 days):				
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
RNs	8 hours	2	2	1
MHW/LPN	8 hours	2	2.5	2
Other (Specify):				
Total Direct Care Providers:		4.00	4.50	3.00

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Patient Care Unit Name: Delmonico 1B		Specialty Service (i.e., orthopedics, oncology): Children Intensive Treatment Unit		# of Telemetry Beds:
Type of Unit: <i>(Check all that apply)</i>			Age Group: <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input checked="" type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			<input type="checkbox"/> Adult <input checked="" type="checkbox"/> Pediatric <input type="checkbox"/> Newborn	
Number of patients upon which staffing plan is based (Average Daily Census):				10
Emergency Department = Average number of visits per day (Total Visits/365 days):				
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
RNs	8 hours	1	1	1
MHW	8 hours	3.5	3.5	1
Other (Specify):				
Total Direct Care Providers:		4.50	4.50	2.00

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Patient Care Unit Name: Delmonico 2A & 2B		Specialty Service (i.e., orthopedics, oncology): Child and Adolescent Unit		# of Telemetry Beds:
Type of Unit: <i>(Check all that apply)</i>			Age Group: <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input checked="" type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			<input type="checkbox"/> Adult <input checked="" type="checkbox"/> Pediatric <input type="checkbox"/> Newborn	
Number of patients upon which staffing plan is based (Average Daily Census):				14 & 10
Emergency Department = Average number of visits per day (Total Visits/365 days):				
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
RNs	8 hours	2	2	1
MHW	8 hours	6	6	3
Other (Specify):				
Total Direct Care Providers:		8.00	8.00	4.00

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Patient Care Unit Name: Delmonico 4		Specialty Service (i.e., orthopedics, oncology): General Treatment		# of Telemetry Beds:
Type of Unit: <i>(Check all that apply)</i>			Age Group: <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input checked="" type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Newborn	
Number of patients upon which staffing plan is based (Average Daily Census):				29
Emergency Department = Average number of visits per day (Total Visits/365 days):				
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
RNs	8 hours	3	3	2
MHW	8 hours	4	4	2
Other (Specify):				
Total Direct Care Providers:		7.00	7.00	4.00

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Patient Care Unit Name: Lippitt 1		Specialty Service (i.e., orthopedics, oncology): Senior Specialty		# of Telemetry Beds:
Type of Unit: <i>(Check all that apply)</i>			Age Group: <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input checked="" type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Newborn	
Number of patients upon which staffing plan is based (Average Daily Census):				20
Emergency Department = Average number of visits per day (Total Visits/365 days):				
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
RNs	8 hours	2	2	2
LPN/CNA's	8 hours	4	4	2
Other (Specify):				
Total Direct Care Providers:		6.00	6.00	4.00

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Patient Care Unit Name: Lippitt 2		Specialty Service (i.e., orthopedics, oncology): Intensive Treatment Unit		# of Telemetry Beds:
Type of Unit: <i>(Check all that apply)</i>			Age Group: <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input checked="" type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Newborn	
Number of patients upon which staffing plan is based (Average Daily Census):				20
Emergency Department = Average number of visits per day (Total Visits/365 days):				
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
RNs	8 hours	2	2	1
MHW/LPN	8 hours	4	4	3
Other (Specify):				
Total Direct Care Providers:		6.00	6.00	4.00